

POWER OF ATTORNEY

48-1001 R12/13 azdot.gov

Vehicle Identification Number			Year	Make		Bo	dy Style	
Attorney-In-Fact (individual or organizat	tion you wish to act f	or you in this ma	atter)			1		
Mailing Address				City			State	Zip
I appoint the Attorney-In-Fact all authority to endorse and transfer				above.				_
Buyer/Seller/Owner Name				Driver License Number Dat			ate of Birtl	h
Mailing Address				City		1	State	Zip
Signature							•	
	Acknowledged before me this date			Notary or MVD Agent Signature				
	Date	Cour	nty		State	Commission Expir	res	